

20473

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5317

Registration District No.

1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Albert N. Jackson

8. (b) If veteran, name war unk 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 22 1885
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Polk County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Big 4 Rail Road

MOTHER FATHER
12. Name Richard Jackson
13. Birthplace Polk County, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Bolden
15. Birthplace Unknown, Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Effie Jackson
(b) Address Saline Illinois

17. (a) ~~Marr Removal~~ (b) Date thereof June 15, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) JUN 14 1939 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Saline
(If outside city or town limits, write "RURAL")
(d) Street No. 411 East Dayton Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1939 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 13, 1939, to June 9, 1939; that I last saw him alive on June 13 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Subacute Duration _____

Due to _____
Due to 930

Other conditions Obstruction of left ventricle (artery)
(Include any within 3 months of death)
Major findings: Of operations None Cause unknown
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) Means of injury _____
23. Signature Miss M. Ward (M. D. or other) _____
Address 729 Meade Blvd. Date signed 6/15/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 5-17-39
U.S. GPO: 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.